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APPLICANTS
 Evert Johannes Bunschoten, Heesch, NETHERLANDS;
 Herman Jan Tijmen Coelingh Bennink, Driebergen, NETHERLANDS;
 Christian Franz Holinka, New York, NY;

**** CONTINUING DATA *******
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**** FOREIGN APPLICATIONS *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials	NETHERLANDS	0	16	1
Verified and Acknowledged /MEI-PING CHUI/ Examiner's signature					

ADDRESS
 Webb Ziesenheim Logsdon
 Orkin & Hanson
 436 Seventh Avenue
 700 Koppers Building
 Pittsburgh, PA 15219-1818
 UNITED STATES

TITLE
 Method of treating or preventing immune mediated disorders and pharmaceutical formulation for use therein

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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